

**City of Newton**  
**Section 457 Deferred Compensation Plans**  
**Employee Enrollment / Change Form**

Employee Name: \_\_\_\_\_ Department: \_\_\_\_\_  
Employee Social Security #: XXX-XX-\_\_\_\_\_  
(Last 4 digits) Date of Birth: \_\_\_\_\_

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<u>Providers:</u>	ICMA	Mike Savage	Phone (888) 803-2721; email: msavage@icmarc.org
	ING	Ernest Krieger	Phone (617) 376-4984; email: ernie@kriegergrp.com
	HARTFORD	Ryan Smith	Phone (978) 270-7705; email: ryanjsmith@finsvcs.com

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**1. ENROLLMENT** (New Members)

I authorize the City of Newton as my employer to defer \$ \_\_\_\_\_ of my pay per pay period into my Section 457 Account(s). Deferrals will begin on the week ending \_\_\_\_\_.

My 457 Plan is: ☐ ICMA ☐ ING ☐ HARTFORD

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**2. CHANGE** (To change amount of contribution to 457 Plan or to change 457 Provider)

☐ I authorize the City of Newton to: **STOP** ☐ ICMA ☐ ING ☐ HARTFORD  
**START** ☐ ICMA ☐ ING ☐ HARTFORD

☐ Change the amount of deduction for my Section 457 plan **FROM** \$ \_\_\_\_\_  
☐ “Zero-Out” (Stop my deduction for my 457 Plan.) **TO** \$ \_\_\_\_\_

This change should become effective for the week ending \_\_\_\_\_.

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**3. CATCH-UP PROVISION**

I authorize the City of Newton as my employer to change my deferral of my pay into a “**Traditional Catch-Up Deferral (Last 3 Years)**”.

☐ ICMA \$ \_\_\_\_\_ ☐ ING \$ \_\_\_\_\_ ☐ HARTFORD \$ \_\_\_\_\_

I authorize the City of Newton as my employer to change my deferral of my pay into a “**Age 50 Catch-Up Deferral**”.

☐ ICMA \$ \_\_\_\_\_ ☐ ING \$ \_\_\_\_\_ ☐ HARTFORD \$ \_\_\_\_\_

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**4. EMPLOYEE SIGNATURE**

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

02/10